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DATE: May 22, 2007

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TO: Examiner David C. Comstock, Group Art Unit 3733
 COMPANY: U.S. Patent and Trademark Office

FAX NUMBER: 571-273-8300
 PHONE NUMBER:

FROM: Douglas A. Collier

DIRECT DIAL: (317) 238-6333
 FAX NUMBER: (317) 636-1507

RE: Response to Advisory Action for U.S. Patent Application No. 10/795,880 to Regis W. Haid, Jr. et al.

COMMENTS: I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at 571-273-8300 on:

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PTO/SB/21 (09-04)

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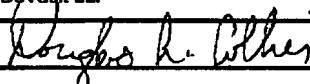
(to be used for all correspondence after initial filing)

		Application Number	10/795,880
		Filing Date	March 8, 2004
		First Named Inventor	Regis W. Hald, Jr. et al.
		Art Unit	3733
		Examiner Name	David C. Comstock
Total Number of Pages in This Submission		Attorney Docket Number	MSDI-260/PC853.00

ENCLOSURES (Check all that apply)

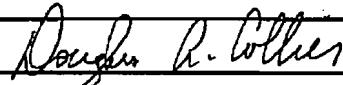
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Fax Cover Sheet; Request for Continued Examination (RCE) Form
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.53		
<input type="checkbox"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Krieg Devault LLP		
Signature			
Printed name	Douglas A. Collier		
Date	May 22, 2007	Reg. No.	43,556

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Douglas A. Collier	Date	May 22, 2007

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete If Known	
Application Number	10/795,880
Filing Date	March 8, 2004
First Named Inventor	Regis W. Haid, Jr. et al.
Examiner Name	David C. Comstock
Art Unit	3733
Attorney Docket No.	MSDI-260/PC853.00

METHOD OF PAYMENT (check all that apply)

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 Deposit Account Deposit Account Number: 12-2424 Deposit Account Name: Krieg DeVault Lundy

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) Fee (\$)
50Each independent claim over 3 (including Reissues) Fee (\$)
200Multiple dependent claims Fee (\$)
360

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
- 20 or HP =	x	=	0.00		50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	0.00			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

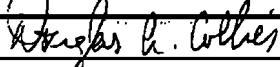
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fee Paid (\$)Other (e.g., late filing surcharge): 1 Mo. Extension of Time (\$120); RCE (\$790) Fee Paid (\$)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 43,556	Telephone 317-636-4341
Name (Print/Type)	Douglas A. Collier		Date May 22, 2007

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